



CITY OF LOUISVILLE- BUILDING SAFETY DIVISION

COMMERCIAL PERMIT APPLICATION

ADDRESS OF JOB:**PERMIT NUMBER:**

LEGAL DESCRIPTION LOT: BLOCK: SUBDIVISION:

CLASS OF WORK: NEW () ADDITION: () ALTERATION: () REPAIR: () MOVE: () DEMOLITION: ()

BUILDING

OWNER:

ADDRESS:

CITY:

PHONE:

ZIP:

CONTRACTOR

NAME:

LOUISVILLE LICENSE #

ADDRESS:

CITY:

PHONE:

ZIP:

JOB SUPERVISOR:

MOBILE/PAGER#

JOBSITE PHONE #:

ARCHITECT/ENGINEER OF RECORD:

COLO. LICENSE #

PHONE:

NAME:

ADDRESS:

CITY:

ZIP:

DESCRIPTION OF WORK: FILL IN ALL APPLICABLE BOXES**PLEASE INCLUDE SQ. FOOTAGE**1st FLOOR AREA:2nd FLOOR AREA:

GARAGE AREA:

OTHER:

BASEMENT AREA:

TO BE FINISHED:

UNFINISHED:

SPRINKLED AREA:

A/C AREA:

TOTAL LOT AREA (SQ.FT):**ROOF COVERING:****EXTERIOR WALL COVERING:**

CONSTRUCTION TYPE:

OCCUPANCY:

TYPE OF FOUNDATIONS:

TOTAL UNITS:

ELECTRICAL PERMIT INFORMATION: PERMIT TO INCLUDE ELECTRICAL WORK ()**NOT APPLICABLE ()**

CONSTRUCTION

SERVICE ENTRANCE

SIGNS

ELECTRICAL APPLIANCE

FIRE DETECTION SYSTEM

METER SIZE:

SIZE:

TYPE:

TYPE:

TYPE:

PLUMBING PERMIT INFORMATION: PERMIT TO INCLUDE PLUMBING WORK ()**NOT APPLICABLE ()**

BACKFLOW DEVICE

WATER HEATER

FIRE SPRINKLER SYSTEM

WATER REPAIR

SEWER REPAIR

MAKE/MODEL:

BTU INPUT:

AREA:

MECHANICAL PERMIT INFORMATION: PERMIT TO INCLUDE MECHANICAL WORK ()**NOT APPLICABLE ()**

FURNACE TYPE

OTHER GAS APPLIANCES

GAS PIPE SCHEMATIC ATTACHED

BTU INPUT:

TYPE:

SIZE:

LENGTH:

USE CATEGORY:COMMERCIAL / SHOP CENTER: 50,000 SF. OR LESS () 50,001-200,000 SF. () OVER 200,000 SF. ()
OFFICE: 25,000 SF. OR LESS () 25,001-100,000 SF. () OVER 100,000 SF. ()
BUSINESS PARK () LIGHT INDUSTRIAL () WAREHOUSING () INSTITUTIONAL ()**WORK DESCRIPTION/REMARKS:****VALUATION \$**

INCLUDE LABOR & MATERIALS

TOTAL PERMIT FEE \$

(BUILDING DEPARTMENT WILL CALCULATE)

APPROVALS**SIGNATURES****DATE****COMMENTS****BUILDING
PLAN CHECK****ELECTRICAL
PLAN CHECK****ZONING
PLAN CHECK****FIRE DEPT.
PLAN CHECK****ELEVATOR
REVIEW**

THIS APPLICATION BECOMES NULL AND VOID IF PERMIT IS NOT ISSUED WITHIN 180 DAYS OF APPLICATION DATE. I HEREBY CERTIFY THAT I HAVE READ AND EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY STATE OR LOCAL REGULATING CONSTRUCTION OR PERFORMANCE OF CONSTRUCTION. PERMIT AND TAP FEES ARE SUBJECT TO CHANGE AT THE BEGINNING OF EACH CALENDAR YEAR. NOTE: A SEPARATE PERMIT IS REQUIRED FOR SIGNS, FENCES, IRRIGATION SYSTEMS & SWIMMING POOLS UNLESS NOTED ON THIS APPLICATION. FEES ARE ASSESSED AT TIME OF PERMIT ISSUANCE AND ARE SUBJECT TO CITY ORDINANCE IN EFFECT AT THAT TIME.

SIGNATURE OF APPLICANT/OWNER REPRESENTATIVE: X DATE: _____ PHONE: _____

PRINTED NAME: _____ APPLICANT'S ADDRESS: _____

NOTE: FOR A MULTIPLE TRADE PERMIT THE SUB-CONTRACTOR SIGNATURE FORM WITH ORIGINAL SIGNATURES IS REQUIRED PRIOR TO ISSUANCE OF THE PERMIT